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Abstract

The Reading Clinic, Service and Training, in Omaha, Nebraska, was funded its first 3 years under ESEA/Title III and was spcnsored by the Omaha Public Schools. Beginning in 1966, it showed substantial success in achieving its four gcals: (1) the clinical diagncsis of pupils referred tc it; (2) remediation of a select number of students; (3) inservice training of teachers, college students, and vclunteer aides; and (4) development of an exemplary mcdel fcr cther clinical reading prcgrams in the area. As a model and an innovative influence, the clinic proved a valuable experience in meeting and reacting to prcblems inherent in such a program. Staffing prcblems centered arcund a shortage cf trained perscnnel and were met by part-time hiring of trained teachers and by training volunteers. In its first 3 years, fcur clinicians, 37 professional staff members, 20 teachers, and 22 skilled volunteer aides were trained. Problems in research and repcrting were partially met with data-processed summary profiles cf the students; such data provided material for numercus reports that have had impact cn remedial programs in scme Nebraska schools. Dissemination of the types of informaticn that wculd aid actien was stressed. Funding ccmplications taught the necessity of careful financial record keeping and cf flexibility in planning. (BT)

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REFLECTIONS ON TITLE III

OMAHA CENTRAL READING CLINIC

Ronald E. Meyer

The Central Reading Clinic, officially known as Reading Clinic, Service and Training, was funded under Title III of the Elementary and Secondary Education Act and sponsored by the Omaha Public Schools. Beginning in February, 1966, the Clinic was to act in four areas of service: clinical diagnosis of pupils referred by public and non-public schools in the district; remediation of a select number of students who had completed diagnostic testing; in-service training of teachers, college students, volunteer aides; and provision of an exemplary center which we hoped would make some changes in the kinds of instruction given to children who were not reading as "well as expected." For these purposes the project plan designated the appointment of seven professional staff members and approximately 1250 square feet of floor space which was to be remodeled for the Clinic plant.

Now, three years later, an evaluation of the project indicates success in each of the areas of service, a host of new directions and expectations, and experience with a number of problems that are probably more or less inherent in the kind of work represented by the project design. In the hope that

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our experiences in Omaha will help others in similar projects, an outline of some of the major problems is provided here along with some of the reactions made to these problems.

STAFFING

One of the most serious difficulties faced by the project has been a shortage of personnel. The Clinic which in planning was to have been staffed by seven has actually had an average staff of fewer than five professionals. Several problems contributed to this situation. There was a general shortage of elementary teachers which limited the number who could be released from classroom duties to serve in the Clinic. The rotation of teachers imposed by an internship plan also caused serious problems. Interns were generally to be returned to schools where they were formerly assigned after one year of service, and the staff of the schools was not to be increased. In effect, the intern had to be replaced for one year which caused instability in the school staff. Staff recruitment was the responsibility of the personnel services of the school system. The project did not compete with the school systems for personnel although funds were available to pay salaries above those offered by the schools. Another problem was the lack of personnel thoroughly trained in clinical procedures.

Reaction to these staff problems, while never completely adequate nor ideal in effect, did provide enough staff to

permit successful accomplishment of major project objectives. In order to provide the direct services of diagnosis and remediation to children a number of hours had to be committed to testing and instruction. When it became obvious that staff would not be available for full-time assignment, teachers interested and at least partially trained in remedial instruction techniques were hired on a part-time basis to work during after school hours and Saturday mornings. In addition, certificated teachers who were not working for the school systems were also hired on half-time basis to provide additional student contact time. The result of these compensations was, in some respects, beneficial. While the project "graduated" only four clinicians after an entire, one year internship, thirty-seven professional staff members received training and experience in remedial techniques instead of the planned twelve. The need for increased training also sharpened the staff facility and curriculum for in-service training in general.

The lack of professional staff also led to increased use of volunteer assistants in the Clinic. Original planning provided for the training and use of volunteer aides in clinical work with children. A rationale for the development of volunteer responsibilities, a training curriculum, and recruiting program provided the background for this volunteer staffing which during the last two years provided more than 22 skilled

aides each year who contributed 2700 hours of service during two school years. This work with volunteers is now serving as a model for other volunteer service programs initiated in the schools.

Because of staffing difficulties during the school year the clinic conducted summer clinics providing clinical training and experience for more than twenty classroom teachers who would not otherwise have been able to participate in such a program.

TECHNICAL KNOWLEDGE:

Another of the problems which might be listed in the major category was the need for development of technical knowledge required in the operation of the project. Staff was elected from participating school systems. None of those elected to initiate the project had had experience in a school system reading clinic. The Director and Assistant Director had developed a reading laboratory program in a high school. One of the clinicians assigned had experienced a number of years of instruction in remedial programs in the Catholic school system; two had taught only in self-contained classrooms. Only two of the first five professional staff members had taught in the primary grades. Several reactions were built into the project to compensate for this lack of experience.

The Board of Education of Omaha Public School District Number One had begun preparing reading specialists a year before the project was initiated. At the request of the School District, the University of Nebraska at Omaha established a clinical training program in reading under the direction of Dr. Donald Cushenbery. Qualified teachers were subsidized by the Board of Education in studies leading to a Master's Degree with a specialty in reading. When the Title III Reading Clinic project was started, four of the five staff appointed in the first year had completed all or part of the courses in this program.

Dr. Cushenbery was also appointed to act as consultant to the Reading Clinic project on a quarter-time basis. In consultation with the Clinic staff he helped outline general philosophy, design referral procedures, and list initial project purchases. His continued guidance was extremely valuable to the various activities conducted by the project during its three years of government funding.

Another successful arrangement was the schedule on which the Clinic was staffed during its first five months of operation. Only the Director and Assistant Director were appointed during this time, and it served as a trial period in which diagnostic procedures were practiced, reporting procedures were refined, plans were continued for Clinic plant and facilities, and dissemination was made of information about the project to

participating schools. By the time the first clinicians were assigned in the sixth month, the first clinician training program had been designed based on relatively stable Clinic procedures and policies.

Tests and remedial instruction materials were carefully evaluated during the first nine month period and staff conference reports, demonstrations of test administration, conferences with consultants and participating psychologists helped build technical staff awareness of materials and procedures available to the reading specialist. Weekly staff reports on reading done in the growing professional library brought various philosophies about clinical diagnosis and remediation into project development. Throughout this developmental stage in the project an attempt was made to keep various philosophies in balance and no commitment was made to any single philosophy, material, method, or process as a working limitation for the staff. It was felt that such a commitment would discourage continued development of teaching and diagnostic processes. This decision led eventually to a diversified base for in-service training activities for teachers. It also encouraged clinicians to develop their own teaching methods and materials, and creative teachers working in this atmosphere responded to student need with truly sensitive teaching activities.

Observation and closed-circuit television were also used

to aid staff members in developing more complete awareness of student need, and possible teaching responses.

While the development of information about remedial curriculum, testing procedures, and clinical interpretation of data is a process that will never be complete, the project staff has collected, developed, and used some of the knowledge required for its purposes.

RESEARCH AND REPORTING PROCEDURES:

One of the most effective aids to the development of technical knowledge is project reporting and evaluation. Although reporting procedure had not been as clearly defined during the early months of the project as they have been since, the staff was aware of the need for "evaluation" of the project. And certain questions about the procedures and even the efficacy of the project were running through the minds of project participants from its very beginning. A plan for the gathering of information to answer these questions was one of the first project goals.

With help of public school personnel experienced with data processing, summary profiles were devised for diagnostic, remediation, and follow-up data. Summaries were kept on these three activities for each child served during the entire project period. Information recorded on the summaries includes age and sociological information, school statement of reading problems, clinical diagnosis results, records of services, etc. Reports of

service and studies, especially correlation of various problems and activities or services, frequency studies of various aspects of the service population are a simple matter since the data are punched on cards and quickly retrievable. A number of reports were produced with these data.

All of the evaluation reports were completed by Clinic staff and consultants. All were responsive to the initial objectives for the project. All attempted to provide information on which a decision about continuation of the project could be based. Results of the studies have also developed information which has been useful in application of remedial programs in the Omaha schools and, to the extent that the information has been the basis for consultation, in other districts also.

Of the experiences that led to most change in project staff abilities and concerns, response to the need for project evaluation stands at the top of the list. The evaluation process if it is to be effective must be based on definitive objectives and must be built into each phase and step of the activities. Evaluation becomes a way of thinking that aids not only in reflection on the total project and its separate activities, but aids the project staff to plan. The planning for evaluation carried on during planning of a project or activity introduces techniques for prediction of feasibilities and levies a requirement for problem analysis that guides the planners to more precise understanding of the entire project.

Evaluation and research in this program were not highly controlled activities in the sense that any attempt was made to control variables. In few cases of remedial instruction for children, for example, did it seem either possible or even desirable to hold the likely variables in the child's experience constant while instruction was in progress.

Part of the instructional emphasis was to change the procedures used at home and school during the time the child was in clinic service. The object of most evaluation during a three year period when the program is truly innovative will probably lie in describing the input (project activities) and the total results. This produces an evaluation that states tentatively that the project has either reached the stated objectives or has not reached those objectives. And if it can then be reasoned that the activities of the project did in fact cause the changes in performance that led to the objectives being reached, the project as a whole must be considered effective. This of course leaves one in the position where project efficiency cannot be regulated since the functions of the project which are most important cannot be isolated. Any research is faced with the same problems, however, for all instructional acts are combination of actions which have not been or perhaps cannot be isolated. At best we can describe carefully what goes into the act of instruction with the hope

that this description will permit us to duplicate that input when it is required and for this reason an important phase in the Title III ESEA project evaluation is description.

The process and some techniques of evaluation are described well by the booklet A Guide to Assessment and Evaluation Procedures New England Educational Assessment Project, Providence, Rhode Island. A model for the study of variables which is especially useful is available from EPIC Evaluation Center, Tucson, Arizona.

INNOVATION:

In the field of education today one approaches the word "innovation" with misgivings. The old adage comes back again and again to mind: "There is nothing new in the world." And it is true that most ideas are "new" or innovative in terms of their setting only.

But Title III is hopefully more a process than a funding source. That process is innovative in its intention, in its three year funding term, in the way it has generally been used. It may seem to some readers a bit crass that anyone could talk about a reading clinic as innovative. There are reading clinics in most cities now where universities, public schools, and funding come together. But, the point is that the creation of this project was innovative. There were no school system reading clinics in Nebraska and only one university

clinic when the project was initiated.

The project staff must be concerned with the level at which innovation is to be attempted. The project objectives will define this if they are well written. The project in Omaha had objectives which required it to provide model, unprecedented services, and aid teachers in approaching remedial reading needs.

A group of principles emerged during our work in the drive for change.

1. <u>The project worked to influence key issues</u>.

   Conscious effort to participate in activities that would serve as models for schools and school systems was developed. Because service demands were more than could be filled, selections of the type of service to be offered had to be made. These selections were made as often as possible to provide as much change in the direction of project design as possible.

2. <u>The project worked against objectives</u>.

   When the value of specific behavioral objectives became clear the project staff relied more and more heavily on careful initial planning for its activities. This permitted better control and selection of the project activities since every new request from

participants could be weighed against desired outcome in light of overall project objectives.

3. The project attempted to work in depth rather than in quantity.

It was deemed more important to work carefully and in depth for the solution of a problem with a few teachers rather than spending the same time in dissemination of information to great numbers of people. Intensive study of application to reading problems in a single school became the model for further development in a number of schools. These in turn have already influenced the curriculum of the participating school systems to some extent.

4. The project attempted to develop new perspectives.

Few answers can usually be found in textbooks when the questions are ill-defined. The innovative project must deal with the behavior it eventually aims to change. Then it must develop or discover a process, method, or teachnique to produce the change. Journals, project reports, unpublished research results, letters, and consultation are generally more useful in innovative processes than other sources if the project is dealing with new combinations and different ideas.

The innovative process requires current and precise definition of the problem, knowledge of current attempts to solve similar problems, and flexible, resourceful attempts to provide answers.

DISSEMINATION:

Another of the major problems in carrying out a Title III project is the need for dissemination of information. This too is an activity that should be based on specific objectives. The level of information and the type of response the information is to elicit should be the basis for determining the information program.

One of the objectives will probably be to develop a general understanding among project participants of the purpose and services of the project itself. This is a requirement before optimum participation can be expected. This type of information should outline services, the requirement for participation, and careful assurance that participation in the services will not pose a threat of insecurity.

In the Omaha projects this type of information was delivered through meetings with principals, bulletins distributed through school administrative offices, tours of the projects by teachers, administrators, and members of the community. Newsletters and talks before school boards, teachers, parents, social organizations and others continued the effort to provide such basic information.

But this type of information, really publicity, in itself seldom leads to innovation. In fact information programs of any kind though frequently a major part of projects do not usually in themselves and without additional influence, cause change in behavior. The end product of information is obviously action. In the Omaha project, the type of information that led to action was the kind that made action possible. It was, for example, more useful to discuss the questioning techniques to use in developing comprehension than talking about the general description of a good comprehension instruction program. It was even more useful to apply the questioning techniques suggested, to specific stories or books used by the teachers, furnishing the materials needed to make action possible.

Even in clinic information programs where specific action was suggested as in the reporting of reading diagnoses, there was an obvious need from the beginning to provide additional support to the teacher if the suggestions were to be followed. Materials were supplied as a response, and consultant services were available to the teachers who requested them. Other activities were based on this same approach.

The purpose then in the information programs was not to provide only information but to insure that the receiver

was able to carry out immediately some activity based on that information. The information program then became the first step toward solution to problems. This was dissemination that made a difference.

A corollary to this idea is the need for providing information to the administration of the school systems involved so that decisions about the project and the problems attacked by the project can be based on current data. If this type of information is made available continuously throughout the project and it is pertinent to the needs of the administrator, the effects, although not necessarily immediate, may be an excellent basis for school system innovation.

FUNDING:

No other administrative problem approached the complexity of those related to funding. The project was born and lived in turbulent times. Title III ESEA funding was new when the project began; procedures were being developed. Funding for Title III was inconsistent and often incomplete. And during the course of the project, administration of its funding was passed to the State Department of Education. The search for funds to maintain the project after withdrawal of Federal funding at the time of this writing is still in progress and unresolved. Nine different budgets were written and used during the project life. The continuous need for replanning

imposed by changes in amount of available money or jurisdiction was a problem that required a careful system of financial records and flexible administration. It was also helpful in these conditions to keep a basic stock of materials available for at least six months provision of basic services. If available funds were then reduced the project could operate without difficulty.

Another funding problem which created some minor record keeping problems was the fact the fiscal years of funding and sponsoring school systems did not coincide.

There has been no resolution to the problem of continued funding for the project. Although the project has been well accepted and opinion in the school systems and community is in favor of its continuation, funds are not available after teacher raises, solution of special problems associated with education for cultural compensation, and a limit of 108% annual increase in school system expenditure related to State funding. It seems that some more controlled procedure for the assumption of local funding must be set. And it is certain that a longer period of funding is essential if projects are to test their true mettle. It might be possible to extend funding to five years with the sponsoring agency sharing in the cost during the last three years at an increasing rate.

Title III funds did provide innovation, discovery, and service to children that would not have been possible otherwise but some solution must be found to keep in operation the Central Reading Clinic and the hundreds of other innovative projects. Perhaps the answer to this need will be the most innovative result of such projects.